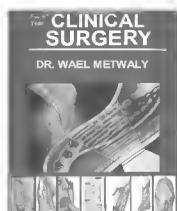


# REVISION 7

## OESOPHAGUS & STOMACH

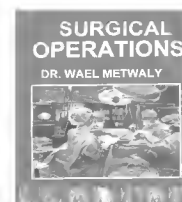
BY DR. WAEL METWALY

### ★ Clinical



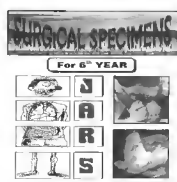
-----

### ★ Operative



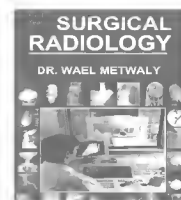
- Gastrostomy.
- Gastrectomy.

### ★ Jars



- Perforated G.U
- Multiple G.U
- Cancer Stomach

### ★ X-rays



- Ba. Swallow:
  - Corrosive Stricture
  - Achalasia
  - Cancer Oesophagus
  - Oesophageal Varices
  - Atresia
- Ba. Meal:
  - CHPS
  - Hiatus Hernia
  - G.U
  - D.U
  - Pyloric Obstruction
  - Pneumoperitonum
  - Cancer Stomach
  - Linitis Plastica

# EXAMS

- A. Anatomy**
- B. Written Questions**
- C. Explanations**
- D. Cases**

## A. ANATOMY

2002

- Mention **Lymphatic Drainage of Stomach**

(20 Marks) دور ثانی

2008

- Describe **Blood Supply & Lymphatic Drainage of Stomach**

(5 Marks)

## B. WRITTEN QUESTIONS

### 1. OESOPHAGUS

2000

- Discuss C/P, Investigations of **Sliding Hiatus Hernia**

(10 Marks)

2002

- Discuss **Cancer** lower 1/3 oesophagus

(12 Marks) دور ثانی

2003

- Discuss pathology & treatment of **Corrosive Stricture**
- Enumerate Causes of **Dysphagia**

(9 Marks) دور ثانی  
(10 Marks)

2004

- Discuss C/P, Investigations & Treatment of **Reflux Oesophagitis**

(20 Marks)

2008

- Give an account on Causes & Investigations of **Dysphagia**

(15 Marks)

2009

- Mother came to the emergency room with her daughter 7-years-old with history of corrosive material .

**What is the 1<sup>st</sup> aid management, diagnosis & treatment of this case?**

(10 Marks) دور ثانی

## 2. STOMACH

**2001**

- Discuss Aetiology, C/P, Invest. & ttt. of **Chronic D.U**
- Mention C/P ,& Management of **Perforated P.U**

(20 Marks) دور ثانی  
(20 Marks)

**2002**

- Discuss **Cicatrized Pyloric Stenosis**

(15 Marks) دور ثانی

**2003**

- Discuss causes , Management of **Acute Gastric ulcer**
- Discuss Pathology of **Cancer Stomach**

(9 Marks) دور ثانی  
(9 Marks) دور ثانی

**2004**

- Discuss C/P ,DD & Management of **Acute Perforated DU**
- Discuss C/P & Management of **Perforated Duodenal Ulcer**

(20 Marks) دور ثانی  
(20 Marks)

**2005**

- A 60-years-old male patient was admitted to the emergency after severe attack of Haematemsis . The pulse was 120/min. & the BP was 90/60 mmHg . Abdominal examination was free .the patient mentioned that he used medications for indigestion

**Discuss Investigations & Treatment**

(20 Marks) دور ثانی

**2006**

- Discuss Aetiology, C/P, Invest. & ttt. of **Perforated duodenal P.U**

(15 Marks)

**2007**

- A 33-years-old male patient presenting with persistent projectile vomiting & colicky abdominal pain 4 weeks duration. The vomitus contained food particles. Pulse was 60 per minute, A.B.P was 110/70 mm/Hg. Abdominal examination revealed waves of peristalsis

**Discuss Investigations & Treatment**

(25 Marks)

**2008**

- Compare in a table between bleeding **Ulcer & Varices**.
- A 40-years-old male patient presented to emergency room with recurrent abdominal pain of 24 hours duration. The patient gives history of dyspepsia. Pulse was 120 per minute, A.B.P was 90/60 mm/Hg & temp 37.9 C. Abdominal examination revealed tenderness & rigidity over epigastrium & Rt. Side abdomen

**Discuss Investigations & Treatment**

(10 Marks) دور ثانی  
(25 Marks) دور ثانی

- Discuss C/P & Treatment of **Cancer Stomach**

(15 Marks)

**2009**

- Male patient with chronic D.U, came to emergency room complaining of Haematemsis, A.B.P was 90/60 mm/Hg. Pulse was 120 per minute, R.R 33

**Discuss Investigations & Treatment**

(25 Marks)

- A 68-years-old male emaciated with hard epigastric mass  
**What is DD & Specific investigation to reach diagnosis**

(5 Marks)

## C. EXPLAIN

### THE FOLLOWING STATEMENTS



#### 1. Oesophageal Carcinoma is a disease with bad prognosis

( Kasr - دور أول - 2005 )

( Kasr - دور أول - 2007 )

- As ① Late detected as the onset is insidious .
- ② At time of presentation about 2/3 of circumference of oesophagus has been involved
- ③ The common site is middle 1/3 (50 %) is Radio-resistant tumor
- ④ Dysphagia to solid so early deterioration

#### 2. Failure of benign Gastric ulcer to heal after 3 months of medical treatment, Indication of surgery

( 6 oct. - دور ثانی - 2006 )

- Because failure of Benign gastric ulcer to heal after 3 months of medical treatment suspect Carcinoma as the aim of surgery is to remove ulcer & to take a biopsy

#### 3. It is important not to delay surgery for elderly Pt. with bleeding D.U

( Kasr - دور أول - 2007 )

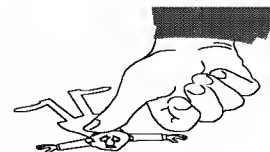
- Because Elderly Pt. associated with Atherosclerosis ,so no way for conservative ttt. as bleeding Atherosclerotic vessels not respond to Vasoconstrictors.

#### 4. Highly selective vagotomy is more physiological than truncal vagotomy

( 6 oct. - دور أول - 2006 )

- Because with highly selective vagotomy we don't cut hepato-biliary branch & celiac branch of vagus

## D. CASES



#### Case [39] ( Achalasia )

A 30 years old woman suffers from difficult \_\_\_\_\_ e says that liquids are more difficult in swallowing than Solid & she Learned to sit up straight & wait for the fluids to " make it through "

- What is the possible diagnosis
- What is the possible pathology
- What is the possible Treatment

**Case [40] ( Corrosive Stricture )**

Mother came to the emergency room with her daughter 7-years-old with history of corrosive material

(Kasr – دور ثانی – 2009)

- What is the 1st aid management, diagnosis & treatment of this case?

**Case [41] ( Cancer Oesophagus )**

A 70-years-old smoker male who has developed Dysphagia to solid over the last 3 months. In addition he has noticed a lump in the Lt. Supra-clavicular Fossa

- Discuss the management

**Case [42] ( Cancer Oesophagus – Inoperable )**

A 62-years-old male comes for evaluation of progressive "difficulty in swallowing solid & recently semi-solids" for 4 months .he has noticed weight loss .there was recent attack of haemoptsis with chest pain

- What is the management?

**Case [43] ( C.H.P.S )**

On the 3<sup>rd</sup> week after birth the mother is complaining that her baby is suffering from projectile vomiting after breast feeding. On abdominal examination it was noticed that the baby had a small mass in his epigastrium

(Kasr – دور أول – 2008)

- Discuss the management

**Case [44] ( Perforated Duodenal Ulcer )**

A 40-years-old male patient presented to emergency room with recurrent abdominal pain of 24 hours duration. The condition started by sudden severe epigastric pain, followed by a period of total improvement .The patient gives history of dyspepsia. Pulse was 120 per minute, A.B.P was 90/60 mm/Hg & temp 37.9 C. Abdominal examination revealed tenderness & rigidity over epigastrium & Rt. Side abdomen

(Kasr – دور ثانی – 2008)

- Discuss the management

**Case [45] ( Cicatrized D U )**

A 33-years-old male patient presenting with persistent projectile vomiting & colicky abdominal pain 4 weeks duration. The vomitus contained food particles from previous meal. On examination his tongue was dry, oliguric & his Pulse was 60 per minute, A.B.P was 110/70 mm/Hg. Abdominal examination revealed waves of peristalsis

( Kasr - دور أول - 2007 )

- What is the provisional diagnosis & DD
- Clinical evaluation & investigations
- Preparation of the patient & treatment

**Case [46] ( Bleeding P.U )**

A 60-years-old male patient was admitted to the emergency department after severe attack of Haematemesis . The pulse was 120/min. & ABP was 90/60 mmHg . Abdominal examination was free .the patient mentioned that he used to take medications for indigestion

( Kasr - دور ثانی - 2005 )

( Kasr - دور ثانی - 2009 )

- What is the provisional diagnosis
- What investigations would you order
- What is the treatment

**Case [47] ( Cancer Stomach )**

A 72-years-old male has lost 10 kg. of weight over one month . he gives a history of anorexia for 7 months & vague epigastric discomfort for the last 3 weeks

- Discuss the management

بسم الله  
GOOD LUCK

**Dr. WAEL**